

**IT IS THE VENDOR'S RESPONSIBILITY TO CHECK
FOR ADDENDUMS PRIOR TO SUBMITTING PROPOSALS**

REQUEST FOR PROPOSALS SPECIFICATION NO. 07-188

The City of Lincoln, Nebraska intends to enter into a contract and invites you to submit a sealed proposal for:

LOCAL PUBLIC HEALTH PRACTICE CLIENT INFORMATION SYSTEM (Lincoln-Lancaster County Health Department (LLCHD))

Sealed proposals will be received by the City of Lincoln, Nebraska on or **before 12:00 noon Wednesday, June 27 , 2007** in the office of the Purchasing Agent, Suite 200, K Street Complex, Southwest Wing, 440 South 8th Street, Lincoln, Nebraska 68508. Proposals will be publicly opened at the K Street Complex, reading only the names of the firms submitting proposals.

Bids may be downloaded from the City's website at www.lincoln.ne.gov Keyword: Bid. Prospective submitters must monitor the bid listing for any addendums.

Proposers should take caution if U.S. mail or mail delivery services are used for the submission of proposals. Mailing should be made in sufficient time for proposals to arrive in the Purchasing Division, prior to the time and date specified above. Late bids will not be considered. **Fax or e-mail bids are not acceptable. Bid response must be in a sealed envelope.**

INSTRUCTIONS TO PROPOSERS

CITY OF LINCOLN, NEBRASKA

PURCHASING DIVISION

1. PROPOSAL PROCEDURE

- 1.1 Each RFP must be legibly printed in ink or typed, include full name, business address, telephone number, fax number and email address of the Proposer; and be signed in ink by the Proposer.
- 1.2 Response by a firm/organization other than a corporation must include the name and address of each member.
- 1.3 A response by a corporation must be signed in the name of such corporation by a duly authorized official thereof.
- 1.4 Any person signing a response for a firm, corporation, or other organization must show evidence of his authority so to bind such firm, corporation, or organization.
- 1.5 Proposals received after the time and date established for receiving offers will be rejected.

2. EQUAL OPPORTUNITY

- 2.1 Each proposer agrees that it shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, disability, national origin, age, or marital status. In the employment of persons, proposer shall take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, color, religion, sex, disability, national origin, age, or marital status.

3. DATA PRIVACY

- 3.1 Proposer agrees to abide by all applicable State and Federal laws and regulations concerning the handling and disclosure of private and confidential information concerning individuals and corporations as to inventions, copyrights, patents and patent rights.
- 3.2 The proposer agrees to hold the City harmless from any claims resulting from the proposer's unlawful disclosure or use of private or confidential information.

4. PROPOSER'S REPRESENTATION

- 4.1 Each proposer by signing and submitting an offer, represents that he/she has read and understands the specification documents, and the offer has been made in accordance therewith.
- 4.2 Each offer for services further represents that the proposer is familiar with the local conditions under which the work and has correlated the observations with the requirements of the RFP.

5. SPECIFICATION CLARIFICATION

- 5.1 Proposers shall promptly notify the Purchasing Agent of any ambiguity, inconsistency or error which they may discover upon examination of specification documents.

- 5.2 Proposers desiring clarification or interpretation of the specification documents shall make a written request which must reach the Purchasing Agent at least seven (7) calendar days prior to date and time for response receipt, unless otherwise noted in RFP.
- 5.3 Interpretations, corrections and changes made to the specification documents will be made by written addenda.
- 5.4 Oral interpretations/changes to Specification Documents made in any other manner, will not be binding on the City; proposers shall not rely upon oral interpretations.

6. ADDENDA

- 6.1 Addenda are written documents issued by the City prior to the date for receipt of offers which modify or interpret the specification document by addition, deletion, clarification or correction.
- 6.2 Changes made to the specification documents will be made by written addenda to all known prospective bidders and posted on the City-County website at lincoln.ne.gov Keyword - Bid.
- 6.3 Copies of addenda will be made available for inspection at the office of the Purchasing Agent and on the City's website.
- 6.4 No addendum will be issued later than forty-eight (48) hours prior to the date and time for receipt of offers, except an addendum withdrawing the RFP, or addendum including postponement.
- 6.5 Proposers shall ascertain prior to submitting their offer that they have received all addenda issued, and they shall acknowledge receipt of addenda in their proposal.

7. ANTI-LOBBYING PROVISION

- 7.1 During the period between the proposal advertisement date and the contract award, proposers, including their agents and representatives, shall not lobby or promote their proposal with any member of the City Council or City Staff.

8. EVALUATION AND AWARD

- 8.1 The signed proposal shall be considered an offer on the part of the proposer. Such offer shall be deemed accepted upon issuance by the City of purchase orders, contract award notifications, or other contract documents appropriate to the work.
- 8.2 No offer shall be withdrawn for a period of ninety (90) calendar days after the time and date established for receiving offers, and each proposer agrees in submitting an offer.
- 8.3 In case of a discrepancy between the unit prices and their extensions, the unit prices shall govern.
- 8.4 The RFP process is designed to be a competitive negotiation platform, where price is not required to be the sole determinative factor; also the City has the flexibility to negotiate with a select firm or selected firms to arrive at a mutually agreeable relationship.

8.5 A committee will be assigned the task of reviewing the proposals received.

8.5.1 The committee may request documentation from Proposer(s) of any information provided in their proposal response, or require the Proposer to clarify or expand qualification statements.

8.5.2 The committee may also require a site visit and/or verbal interview with a Proposer or select group of Proposers to clarify and expand upon the proposal response.

8.6 The offer will be awarded to the lowest responsive, responsible proposer whose proposal will be most advantageous to the City, and as the City deem will best serve their requirements.

8.7 The City reserves the right to accept or reject any or all offers, parts of offers; request new proposals, waive irregularities and technicalities in offers; or to award the RFP on a split-order basis, or lump-sum basis; such as shall best serve the requirements and interests of the City.

9. INDEMNIFICATION

9.1 The proposer shall indemnify and save harmless the City of Lincoln, Nebraska from and against all losses, claims, damages, and expenses, including, attorney's fees arising out of or resulting from the performance of the contract that results in bodily injury, sickness, disease, death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom and is caused in whole or in part by the proposer, any subcontractor, any directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. This section will not require the proposer to indemnify or hold harmless the City of Lincoln for any losses, claims damages, and expenses arising out of or resulting from the sole negligence of the City of Lincoln, Nebraska.

9.2 In any and all claims against the City or any of its members, officers or employees by an employee of the proposer, any subcontractor, anyone directly or indirectly employed by any of them or by anyone for whose acts made by any of them may be liable, the indemnification obligation under paragraph 9.1 shall not be limited in any way by any limitation of the amount or type of damages, compensation or benefits payable by or for the bidder or any subcontractor under worker's or workmen's compensation acts, disability benefit acts or other employee benefit acts.

10. LAWS

10.1 The Laws of the State of Nebraska shall govern the rights, obligations, and remedies of the Parties under this proposal and any agreement reached as a result of this process.

10.2 Proposer agrees to abide by all applicable State and Federal laws and regulations concerning the handling and disclosure of private and confidential

information concerning individuals and corporations as to inventions, copyrights, patents and patent rights.

11. AWARD

11.1 The RFP process is designed to be a competitive negotiation platform, where price is not required to be the sole determinative factor; also the City has the flexibility to negotiate with a selected firm or firms to arrive at a mutually agreeable relationship.

11.2 The City shall be the sole judge as to merits of the proposal, and the City's decision will be final.

11.3 A committee will be assigned by the Mayor with the task of reviewing the proposals received.

11.3.1 The committee may request documentation from

Proposer(s) of any information provided in their proposal response, or require the proposer to clarify or expand qualification statements.

11.3.2 A short list of firms from proposals submitted may be selected for a presentation to the committee and ranked by committee members.

11.4 Final approval to enter into contract negotiations with the top ranked firm will be by the Mayor of the City of Lincoln.

11.5 The City shall not be liable for any expense incurred in connection with preparation of a response to this RFP.

11.6 The contract document shall incorporate by reference all requirements, terms and conditions of the solicitation, proposal received and all negotiated details.

12. LIVING WAGE

12.1 The bidders agree to pay all employees employed in the performance of this contract, a base wage of not less than the City Living Wage per Section 2.81 of the Lincoln Municipal Code. This wage is subject to change every July.

Local Public Health Practice Client Information System

Request for Proposal

Lincoln-Lancaster County Health Department (LLCHD)

1. PURPOSE STATEMENT

- 1.1 To use information technology to support the client services activities in local public health practice by reducing the reliance on paper records, and increasing the capacity to evaluate the effectiveness of services provided, based on health outcomes.

2. GOALS AND OBJECTIVES

- 2.1 Provide "off the shelf" package utilizing current industry standard technology
- 2.2 Provide integration and automate documentation of functions for the diverse service programs offered by LLCHD
- 2.3 Provide comprehensive, easy to use query, reporting, and outcome analysis capabilities that can be tailored for each service program
- 2.4 Provide a flexible, stable, and reliable system that is capable of accommodating future growth, and changes within local public health practice
- 2.5 Provide the opportunity to minimize the number of automated and manual systems and streamline processing and reduce redundant data entry
- 2.6 Provide a well-supported system from a financially stable vendor with adequate resources to upgrade and maintain the package for the long term of local public health practice.
- 2.7 Provide a planned and orderly migration path to successfully implement the new system
- 2.8 Provide the potential to display data via the internet
- 2.9 Support the use of geographic information system (GIS) capabilities
- 2.10 Interoperability with state, federal and local systems including the ability to import and export data to/from other agencies as appropriate
- 2.11 Comply with confidentiality and security requirements and administrative simplification standards (HIPAA)

3. SCOPE OF PROJECT

- 3.1 To provide information support for LLCHD programs and staff who deliver direct client service.
- 3.2 The system should be capable and exhibit high level/complex programmability, yet should be functional and easy for the end-user to access and utilize.
 - 3.2.1 For example, day-to-day functions require programs of central registry, appointment scheduling, immunizations, and client care planning and documentation.
- 3.3 The system should allow for ease of client management through multiple service(s) areas.
- 3.4 The capacity for interoperability including the ability to interface/exchange data between systems in a standard that meets national standards is imperative.
- 3.5 The Department will be exchanging data with the states immunization registry, importing data from the States Vital Statistics application, interfacing with the city supported central registry and the Department's Dentrax application.
- 3.6 Scanning capability is required.
- 3.7 The system should tie or associate time and/or activity to a staff member(s).
- 3.8 The system should have the capacity to allow development and implementation of client survey tools and critical pathways that tie outcomes to specific care plan goals and interventions.
- 3.9 System functionality should include the capability to document from the field, at a minimum through uploading/downloading at the front end. Secure web-based field access is the desired capacity.

- 3.10 The system should support data entry in a variety of formats, including point of service, batch, and remote entry.
- 3.11 The system should allow for the seamless exchange of data between systems (interfaces).
- 3.12 The selected system must meet most of the needs of the current organization, offer opportunities to improve operations, and be flexible enough to grow and adapt as the organization evolves and changes.
- 3.13 A preferred solution will allow LLCHD to leverage the existing network infrastructure and help streamline delivery of services to the public.
- 3.14 One of the Health Department's most critical partnerships in the safety net is the local federally qualified health center.
- 3.15 An application that is capable of supporting federally qualified community health center (FQHC) activities and reporting or has a proven track record of interoperability with FQHC would have significant value added potential for the Health Department.
- 3.16 The scope of the project is further defined by the functionality that it must provide.

4. **GLOBAL REQUIREMENTS**

- 4.1 The system should capture client enrollment and registration data once, as a precursor to detailed programmatic record-keeping.
- 4.2 Data should be presented appropriately, eliminating duplication of data entry.
 - 4.2.1 **Example:**
 - 4.2.1.1 In the client registration process, data elements (such as Social Security Number (SSN), gender, date of birth, race) are carried forward to appropriate field
- 4.3 The system should present screens for data entry and retrieval in a manner that compliments work and business processes.
 - 4.3.1 **Example:**
 - 4.3.1.1 A nurse as well as a physician see the client.
 - 4.3.1.2 When vital signs (VS) are captured, this information must be presented (available) for viewing in multiple areas of the record while the service is being provided (VS area, physician notes).
 - 4.3.1.3 This information, once entered, should be available to multiple users at the same time
- 4.4 The system should have the capacity to group together clients into family units.
- 4.5 The system must respond quickly to support the processes defined in a point-of-service environment.
 - 4.5.1 Real time (in terms of system response time).
- 4.6 The system must have a customer-defined database search capability.
- 4.7 The system should have the capacity to notify designated work stations of the presence and status of a client in the workflow process.
 - 4.7.1 Referrals to and from department programs and workstations must be time/date-stamped for future time studies.
- 4.8 Scan documents into system and attach to the appropriate client record
- 4.9 Format notes from dictation
- 4.10 Ability to query and create reports

5. **CORE COMPONENTS**

- 5.1 Immunizations
- 5.2 Progress Notes/Nurses/Provider Notes Documentation
 - 5.2.1 Includes health assessment, medications, allergies, vital signs
- 5.3 Laboratory
- 5.4 Appointment Scheduling
- 5.5 Central Registry
- 5.6 Information & Referral
- 5.7 Critical pathways (documenting client outcomes associated with care plan goals/actions)
- 5.8 Client surveys / questionnaires

- 5.9 Interface/data exchange (Vital Statistics, Central Registry, Immunization Registry)
- 5.10 Medication tracking
- 5.11 Daily cash handling and billing

6. **FUNCTIONAL REQUIREMENTS**

- 6.1 The following are examples of client data elements to be collected.
 - 6.1.1 This is not a comprehensive list of the required elements
- 6.2 **Demographics**
 - 6.2.1 Date of Birth
 - 6.2.2 Social Security Number
 - 6.2.3 Race/Ethnicity
- 6.3 **Client**
 - 6.3.1 Ability to search database for specific client and add new records / information to an existing client
 - 6.3.2 Ability to link all records associated with a unique individual
 - 6.3.3 Automatically assign a unique identifier to each new client
 - 6.3.4 Ability to associate client with multiple programs
 - 6.3.5 Ability to associate client with service site locations
 - 6.3.6 Ability to track client address history
 - 6.3.7 Ability to flag a client record as confidential
 - 6.3.8 Ability to display historical summary of events, programs, services by client
 - 6.3.9 Ability to display family unit, including emergency contact information
- 6.4 **Address/location**
 - 6.4.1 Ability to search/add/update records by address
 - 6.4.2 Ability to collect address/location in various formats
 - 6.4.2.1 Exact address
 - 6.4.2.2 Parse format
 - 6.4.2.3 Use city database for edit table
 - 6.4.2.4 Inexact address collected in usable format for GIS mapping
 - 6.4.3 Ability to link all records associated with a specific address
 - 6.4.4 Ability to associate location with multiple events
 - 6.4.5 Ability to associate address with multiple persons
 - 6.4.6 Ability to export/use location data for GIS mapping
 - 6.4.7 All addresses in the system should allow the City, State and County to be populated automatically when the user enters the zip code.
 - 6.4.8 All telephone numbers in the system should have a separate field for the area code.
 - 6.4.8.1 In addition, all area codes should default to the value of '402'.
- 6.5 **Appointment Scheduler**
 - 6.5.1 Schedule (appointment format) to a clinic rather than an individual provider
 - 6.5.1.1 schedules can be shared between workstations
 - 6.5.1.2 capability to schedule staff's individual appointments as well
 - 6.5.1.3 Track(s) client location and services provided to the client while they are at the Department (queuing system)
- 6.6 **Service Event**
 - 6.6.1 Ability to create a new service record and assign a unique event identifier
 - 6.6.2 A service/event record includes the abilities to:
 - 6.6.2.1 Specify type of service down to the program level
 - 6.6.2.2 Automatically assign service identifier
 - 6.6.2.3 Associate service with site/location(s)/client
 - 6.6.2.4 Associate a service with multiple clients
 - 6.6.3 Ability to date/time stamp each data entry to service -person entering data

- 6.7 **Care Plan / Case Management / Critical Pathway**
 - 6.7.1 Ability to systematically document care plans using department established criteria
 - 6.7.2 Ability to link problem/diagnosis to care plan goals/objectives
 - 6.7.3 Ability to document actions/interventions
 - 6.7.4 Ability to document outcomes
 - 6.7.5 Ability to link outcomes to problem/diagnosis and care plan goals/objectives

7. **FUNCTIONAL COMPONENTS BY SERVICE AREA**

- 7.1 **Ambulatory Care Clinic**, Includes all clinic functions:
 - 7.1.1 Scheduling
 - 7.1.2 Registration
 - 7.1.3 Immunization
 - 7.1.4 Human Immunodeficiency Virus (HIV) / Sexually Transmitted Disease (STD) Clinic
 - 7.1.5 Primary Care Clinic
 - 7.1.6 Every Woman Matters (EWM)
 - 7.1.9 Prescription assistance programs (tracking medications)
 - 7.1.10 Presumptive Eligibility for Medicaid for pregnant women
- 7.2 *Examples of functionality* for ambulatory care clinic:
 - 7.2.1 Confidentiality for HIV/STD client records/security: anonymous vs. confidential testing
 - 7.2.2 Compliance with state & federal program standards/forms
 - 7.2.3 Ability to accommodate changes in state/federal program standards/forms
 - 7.2.4 Check in / Check out processes
 - 7.2.5 In-clinic tracking of client
 - 7.2.6 Tie services to client with the ability to review historical event information
 - 7.2.7 Progress/Provider notes documentation including use of forms, flow sheets
 - 7.2.8 Daily cash handling including: Fee collection, receipt, cash drawer reconciliation by individual staff
 - 7.2.9 Capability to bill for services provided
 - 7.2.10 Referral tracking capability
- 7.3 **Home & Community Based Services**
 - 7.3.1 Includes all services delivered outside the main location of the Health Department:
 - 7.3.1.1 Home visitation for high risk mothers & children
 - 7.3.1.2 Health services delivered at another community location (health stations, mobile health clinic)
 - 7.3.1.3 Adolescent health services delivered on site at other agency
- 7.4 *Examples of functionality* for home & community based services
 - 7.4.1 Accessibility to client data from a remote location,
 - 7.4.2 Ability to track
 - 7.4.2.1 Service to staff
 - 7.4.2.2 Time to staff
 - 7.4.2.3 Service to client
 - 7.4.3 Special events
 - 7.4.4 Multiple clients could receive same service (ex. mass clinic, school screenings; must be a way to record and track this data)
 - 7.4.5 Referral tracking capability
 - 7.4.6 Care Plan / Critical Pathway
 - 7.4.7 Ability to access and enter information from the field (must be secure and meet privacy and security requirements).
- 7.5 **Information & Referral**
 - 7.5.1 Health Information
 - 7.5.2 Finding medical home
 - 7.5.3 Facilitating and tracking client use of medical home resources
 - 7.5.4 Medical transportation for Medicaid clients

- 7.6 *Examples of Functionality* for information & referral:
 - 7.6.1 Call tracking by category, by date
 - 7.6.2 Appointment scheduling
 - 7.6.3 Follow up documentation
 - 7.6.4 Referral tracking capability
 - 7.6.5 Medicaid Access Coordination (MAC) /Cabs
 - 7.6.6 Education module
- 7.7 **LAB**
 - 7.7.1 In house tests
 - 7.7.2 Referred specimen collection
- 7.8 *Examples of Functionality:*
 - 7.8.1 Orders
 - 7.8.2 Testing
 - 7.8.3 Tracking & reporting results
 - 7.8.4 Interface with state and reference labs
 - 7.8.5 HL7

8. DESCRIPTION OF DEPARTMENT: CLIENT SERVICES PROGRAMS

- 8.1 <http://www.lincoln.ne.gov/city/health/nurse/index.htm>

9. ORGANIZATIONAL CHART

- 9.1 See Attachment A.

10. ESTIMATE OF ANNUAL SERVICE ACTIVITY

- 10.1 http://www.lincoln.ne.gov/city/health/annual/0506/CHS_S.pdf

11. PROGRAMS SUPPORTED BY SYSTEM

- 11.1 Ambulatory Care Clinic (includes Immunizations)
- 11.2 Home and Community Based Services
- 11.3 Off-site service delivery
- 11.4 Home Visitation
- 11.5 Information & Referral
- 11.6 Laboratory
- 11.7 Outreach & Case Management

12. SUPPORT FOR FIELD ACTIVITIES

- 12.1 Support remote access to database in a secure environment.

13. TECHNICAL CAPACITY AND INFRASTRUCTURE AT LLCHD

- 13.1 The Lincoln-Lancaster County Health Department (LLCHD), Client Registry application, currently operates on a multi-platform environment utilizing an IBM Enterprise Server running the z/OS operating system located at the City Information Services office, 233 South 10th Street.
- 13.2 The Client Registry application utilizes DB2 as the Database Server Software and CICS Transaction Server Software.
- 13.3 Of LLCHD's 220 microcomputers, Community Health Services and Health Promotion staff comprise the use of approximately 80 microcomputers.
 - 13.3.1 The microcomputers connect to the mainframe via a 3270 emulation product.
- 13.4 LLCHD's network connects to the IBM mainframe utilizing fiber optic communications.
- 13.5 LLCHD's internal network is comprised of a routed/switched Ethernet network with a Gigabyte backbone supporting Ethernet.
- 13.6 In addition, LLCHD has a satellite office, 2662 Cornhusker Hwy that is connected via a high speed connection to the City Information Services office and back to LLCHD via fiber.

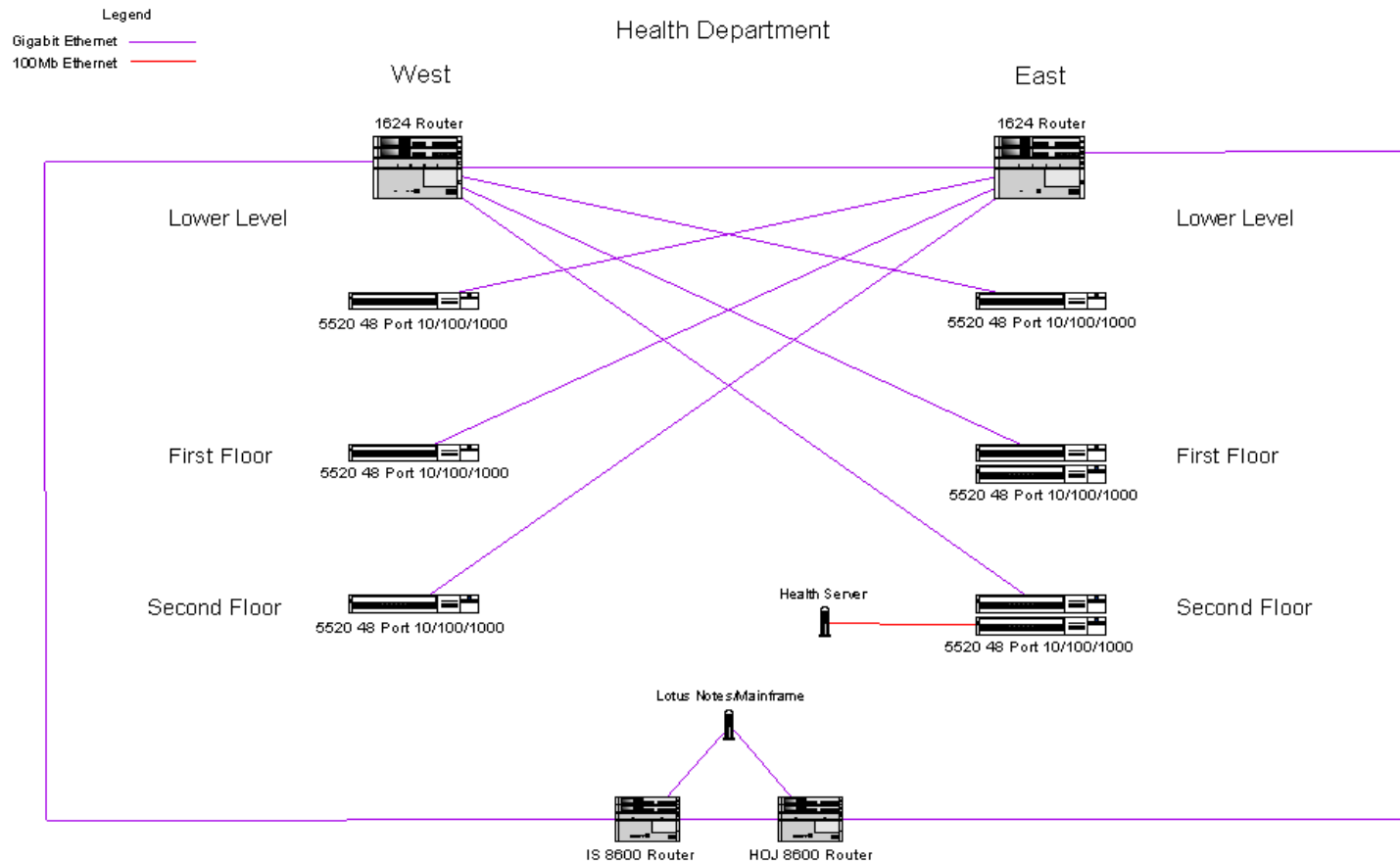
14. **SERVERS AT LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT:**
 - 14.1 **Novell Server**
 - 14.1.1 Compaq Proliant ML530 2.4 ghz
 - 14.1.2 Network File server and network drives
 - 14.1.3 NDS tree/security
15. **WINDOWS 2000 SERVER**
 - 15.1 Compaq Proliant DL380 G3 2.8 ghz
 - 15.2 Windows 2000 Server
 - 15.3 Windows Domain member Server
 - 15.4 IIS 5.0
 - 15.5 SQL Server 2000
 - 15.6 Crystal Reports 9
 - 15.7 Crystal Enterprise 10
 - 15.8 Microsoft.net and Visual Studio.net
16. **ARCIMS SERVER**
 - 16.1 Compaq Proliant DL380 G3 3.2 ghz
 - 16.2 Windows Domain member server
17. **CONTRACT REQUIREMENTS**
 - 17.1 The contract, proposal, addenda and any negotiated terms and conditions in writing provided by the City to the Contractor shall comprise the entire contract of the parties.
 - 17.2 No change in, addition to, or waiver of any provision of the contract shall be binding unless it is in writing, signed by both parties, and added to this contract as an amendment.
 - 17.3 All other expenses incurred in the implementation and operation of the services provided not mentioned herein shall be borne by the contractor.
 - 17.4 Any and all contractual agreement(s) generated as an outcome of this RFP process not be assignable by the Successful Contractor without written permission of the City of Lincoln.
18. **FEE STRUCTURE:**
 - 18.1 A detailed price proposal for all software, services, conversion services, etc. for this project.
 - 18.2 Proposal shall include item-by-item prices, including the conversion costs and projected hourly rates for the services and expenses
19. **SERVERS AT CITY INFORMATION SERVICES:**
 - 19.1 <http://www.lincoln.ne.gov/city/finance/dp/admin/profile.htm>
20. **NUMBER OF PROPOSALS TO SUBMIT**
 - 20.1 One original with a separate envelope with fees
 - 20.2 7 Copies without fees

IIS 6.0

Windows 2003 server

ARC IMS 9

LLCHD
Network
Diagram



Attachment A

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH SERVICES DIVISION
APRIL 2007

